	Makte Dates of Walks		Venue: eMseni	
		nd - 25th August 2019 29th Aug - 1st Sept 2019		
GLORIOSA EMMAUS COMMUNITY			This form & proof of payment to be sent to: The Emmaus Registrar,	
Electronic transfers or deposits:			Cell: 082 569 1127 Fax: 014 597 3996	
Gloriosa Emmaus Community			Email: registrar@gloriosa.org.za	
First National Bank; Acc #: 551 5003 4996 Branch code: 252145 (Hatfield);			Fees for Walk are R1300.00 payable 2 weeks before start of the Walk.	
Reference: Applicant's	Name, Surname, Walk # –	Payment can be made as fol	lows:	
PLEASE SELECT YOUR	MEN'S WALK	LADIES' WALK	R1300.00 in full R650.00 deposit & balance b	efore start of Walk
PREFERENCE (X)			4 payments of R325.00	
2019 APPLICATION FORM N.B. (LEGIBLE CAPITAL LETTERS PLEASE) PLEASE DO NOT TAKE PHOTO AND SEND BY CELLPHONE				
Title:    Surname:        Name by which you are called:				
Postal address:				
E-mail address:		Date of birth:		
				(YYYY/MM/DD)
Phone (H):	(W):		Cell:	
Marital Status: Married Single If Married, Has your spouse attended an Emmaus Walk: YesNo				
If No, will your spouse be attending the next Emmaus Walk? YesNo				
Please specify any special conditions that might affect your participation: health, medication, special diet, mobility, disability, etc:				
Church's Name: Denomination:				
Briefly state your involvement in your local church:				
Why do you wish to attend the Walk and what do you expect from it?				
Has your Sponsor explained the weekend to you? Yes No				
While you are on the Walk it may be necessary to contact your family and home or a close friend. Please give us the names and contact details of three close family members or friends				
1. Name:	Contac	ct no:	Email:	
2. Name:	Contac	et no:	Email:	
3. Name:	Contac	rt no:	Email:	
I realise that the walk to Emmaus is inter-denominational, and I am comfortable with the teachings and practices of the mainline churches. (Electronic submission implies signed consent) Signed: Date:				
To be completed by the	applicant's Minister/Pasto	or. (I support this a	pplication to attend a Walk to I	Emmaus)
Minister's / Pastor's name:			Signature:	
E-mail:		Contact no:		Date:
o be completed by the Sponsor (I accept the commitment as per the attached Sponsor's Checklist.)				
Sponsor's name:		, , ,	Signature:	, , , , , , , , , , , , , , , , , , , ,
E-mail:		Contact no:		Date:
		1		·
FOR OFFICE USE				
Paid by: Cash / Electronic transfer       Amount received:       Receipt no:       Date rec'd:       /         Letter e-mailed or mailed to sponsor & applicant on:       /       /       /       /				
Confirmation of attendan				//